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TB CARE I

TB CARE I - Zimbabwe

**Year 3
Annual Report Quarter 4 Annex
July-September 2013**

October 30, 2013





Quarterly Overview






Reporting Country	Zimbabwe
Lead Partner	The Union
Collaborating Partners	FHI360, KNCV, WHO
Date Report Sent	
From	Barnet Nyathi
To	USAID, Ruth Tembo
Reporting Period	July-September 2013










Technical Areas	% Completion
1. Universal and Early Access	72%
2. Laboratories	92%
3. Infection Control	98%
4. PMDT	64%
5. TB/HIV	98%
6. Health Systems Strengthening	74%
7. M&E, OR and Surveillance	61%
Overall work plan completion	80%

Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	(TB CARE) Coordination meetings between NTP and the private sector	WHO	9.074	10%	Aug	2013	The National TB Control Programme meetings were planned for July 2013 but did not take place due to other competing activities. The engagement of private partners in Mutare, Masvingo, Zvishavane, Bulawayo and Kwekwe has been further postponed to APA 4.
	1.2.2	(TB CARE) Maintain 12 motorcycles for the sputum specimen transport in 3 main cities and 5 districts in 5 rural provinces	The Union	95.672	100%	Sep	2013	<p>The 12 motorcycles transporting sputum specimens were all running - 7 in the 3 main cities and 5 in 5 rural districts.</p> <p>In the three major cities (Harare, Bulawayo and Chitungwiza), the following are the specimen data from October 2012 to August 2013:</p> <ul style="list-style-type: none"> . 133,473 laboratory specimens, all types, were transported as compared to 134,214 during the same period in the previous year. The decrease is due to reduction in the number of sputum collection points as Harare City established more microscopy centres. . 31,193 sputum samples were transported (both presumptive and follow-up samples) compared to 32,365 in 2011/2012. The decrease is due to the same reason as above. . 29,632 sputum laboratory results were transported by the system (not possible to compare with last year as results were not disaggregated) . A total of 2,191 TB patients were diagnosed with confirmed TB in the three cities compared to 2,549 in 2011/2012. <p>The sputum transport system in the 5 districts (Zaka, Umzingwane, Makoni, Gokwe North and Umguza) has been operating for a year now, with the following results:</p> <ul style="list-style-type: none"> . 7,691 laboratory specimens were transported . 3,417 sputum samples were transported (both presumptive and follow-up samples) . 2,891 sputum laboratory results were transported by the system. The courier in rural areas goes to the laboratory once per week; in between some results are transported by whatever transport becomes available. This accounts for the much smaller number of results compared to specimens. . A total of 170 TB patients were diagnosed through the sputum transport system.
	1.2.3	(PEPFAR) Continue to support the sputum transport system for the integrated TB and HIV care sites	The Union	47.836	100%	Sep	2013	<p>The system, which has been operation for 6 months in 6 urban areas implementing TB/HIV integrated care services under PEPFAR support, continued to receive sputum transport services namely: Mutare City, Gwanda Municipality, Kwekwe City, Gweru City, Masvingo City and Victoria Falls Municipality. The following were the key outputs:</p> <ul style="list-style-type: none"> . 8,596 laboratory specimens were transported . 2,818 sputum samples were transported (both presumptive and follow-up samples) . 2052 TB laboratory results were transported by the system. . A total of 124 TB patients were diagnosed through the sputum transport system
	1.2.4	(TB CARE) Expand sputum transport system to 32 all districts	The Union	526.448	90%	Sep	2013	Thirty two (32) additional motorcycles were purchased for 8 rural provinces, but there were customs clearance challenges which took several months to resolve. Distribution to selected districts is now in progress and first performance results are expected in quarter one of APA4.
	1.2.5	(TB CARE) Support the development of National Community TB Care guidelines	KNCV	34.326	60%	Sep	2013	A consultant visited the country in September to conduct a community TB care situation analysis and to start developing the guidelines. By the end of September, the consultant was working on the framework. She will work on the draft guidelines which she intends to submit in January 2014 under APA4.
					72%			

2. Laboratories			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.1	(TB CARE) Strengthen diagnosis and monitoring of TB, TB/HIV, MDR TB and pediatric TB	The Union	438.260	 95%	Aug	2013	Seven (7) more Xpert MTB/RIF machines for high volume district hospitals have been procured and they are awaiting installation which is planned for the week beginning 7th of October, 2013. In addition, Zimbabwe was offered 14 Xpert instruments and TA for
	2.3.2	(PEPFAR) Strengthen diagnosis and treatment monitoring of adult and pediatric TB/HIV	The Union	203.746	 90%	Aug	2013	Twenty three (23) point of care CD4 testing machines were procured. Installation at the 23 integrated TB/HIV care sites and training is planned for October 2013. Quality control arrangements have been made with the National Microbiology Reference Laboratory in Harare.
	2.3.3	(TB CARE) Modest renovations of one laboratory	The Union	63.275	 90%	Sep	2013	The renovations of Bulawayo Thorngrove Infectious Hospital laboratory are in progress; completion of the work is expected in October, 2013.
					 92%			

3. Infection Control			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	(PEPFAR) Conduct site visits to each clinic to: ~ carry out detailed health facility assessment using a checklist ~support the clinic staff to develop and implement infection control plans (travelling by 4 people for 10 days to 23 clinics)	The Union	7.213	 100%	Sep	2013	All 23 sites were visited at least once (as part of broader support supervision visits), a detailed health facility assessment was conducted using a comprehensive standardized checklist focusing on infection control and other programme support, to support and strengthen of infection control at the clinics. Infection control status at end of September was as follows: . Infection Control committees are in place in all 23 sites . Infection Control plans which include specification of staff roles in infection control for every health worker have been drawn up. The infection control plans were printed as large wall posters for each of the 23 clinics . Patient flow has improved and overcrowding has been reduced through minor renovations at some sites . Staff screening for tuberculosis is carried out every 6 months using simple symptom screening, except for Harare who used Xrays as well. There were no reports of refusal to be screened. Based on these efforts, NTP is now working on an official policy and algorithm for the screening of health workers nationwide. One health worker was diagnosed with TB during the year. . Monthly staff meetings are carried out to discuss infection control issues and triaging of coughing patients among other issues.
	3.2.2	(PEPFAR) Renovate new integrated TB/HIV care sites	The Union	113.895	 90%	Sep	2013	The following was the status of renovations for all 23 clinics at the end of September: . 6 sites had their renovations completed . 4 sites are in progress and are expected to be completed in October . 3 sites had their renovation plans approved by the infection control architect and renovations will start in October. The process of developing renovation plans was still ongoing in the other 5 sites. Benefits of the renovations are: Overcrowding has been reduced through the erection of waiting sheds thereby improving infection control. Quality of patient care has improved through increasing consultation and counselling rooms. It is hoped that sputum turn around time will be decrease and TB diagnosis will be faster through renovation of laboratories. Due to the delays in the renovation process, renovation of 7 clinics has been carried over to APA4.
	3.2.3	(TB CARE) TB and HIV Infection control in the community in collaboration with FHI 360 (TOT)	FHI360	18.823	 100%	May	2013	Provincial teams were trained as trainers (TOT) of community health workers in community infection control with the support of an external consultant, and utilising training materials developed by TB CARE I. A total of 31 health workers (15 female and 16 male) comprising nurses, health promotion officers, environmental health officers and infection control officers were trained on TB infection control at community level; adult learning principles; TB and HIV basics; community TB care interventions including active case finding & DOT; and use of simplified checklist for community TB infection control.
	3.2.6	(TB CARE) TB and HIV Infection control in the community (training of Community health workers)	The Union	34.422	 100%	Jul	2013	The trained provincial teams then went on to cascade the training to community health workers. A total of 16 district training sessions were conducted in the 8 targeted rural provinces, targeting health workers & community health workers who are actively involved in supporting TB patients in the community. A total of 600 health workers (222 primary health care workers and 388 community care workers) were trained (F= 415; M = 185). The training approach was participatory and focused on use of simplified checklist for community TB infection control. The checklist was later translated to one local language by the trained trainers. Continuous monitoring and support of the community health workers will be provided by nurses and environmental health technicians (EHTs) from local health facilities. After the trainings monthly meetings were conducted at local level to discuss progress and challenges in some of the sites.
					 98%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR TB	4.1.1	(TB CARE) Train Health workers in PMDT from private and public health sectors (Post training support supervision)	WHO	105.223	 100%	Aug	2013	A total of 88 health workers (male 52, female 36) were trained. The initial training was a national Training of Trainers workshop (TOT) followed by two regional training workshops. A total of 120 sets of PMDT training modules were printed for use during the TOTs. Post-training mentorship visits were conducted by the national level: 5 out of 8 rural provinces were supported following the trainings and 11 health facilities in those provinces were visited. The objectives were to: discuss PMDT in the provinces with provincial health executives (PHEs) and district health executives (DHEs); review provincial PMDT indicators; assess post training performance of the PMDT trained health workers and to discuss the management of difficult cases in the province and districts. Nine out of the 11 sites visited had confirmed cases of drug resistant TB and had already started them on treatment. The overall TB CARE I support on capacity building to the health care workers in the PMDT programme has contributed to some positive results i.e. - DR -TB has been put on the TB agenda and the broader health services agenda - Improved knowledge and skills on PMDT (eg: patients started on 2nd line treatment in some districts) - Decentralisation of PMDT to district hospitals (eg, as above) - Decentralisation of the Gene Xpert Technology - Improved case finding for DR-TB
	4.1.2	(TB CARE) Technical support for the DRS	KNCV	60.440	 60%	Sep	2013	The study protocol has been extensively revised to incorporate screening by Xpert, new timelines, revised budget, all forms to be used in the study, data analysis dummy tables and detailed SOPs for most of the study activities. Patient enrolment is planned to take one year, approximately October 2013 to October 2014, with final reporting planned for early 2015.
	4.1.3	(TB CARE) Support for implementation of TB Drug Resistant Survey (Provision of	WHO	38.298	 100%	Dec	2013	Assortment of survey materials procured
	4.1.4	(TB CARE) Further training for DRS	WHO	145.685	 10%	Dec	2013	
	4.1.5	(TB CARE) Support supervision during conduct of the DRS	WHO	63.325	 20%	Dec	2013	Assessment for sites and placement of GeneXperts in all participating sites has been done. Support to finalize the revised protocol is in progress. Ongoing supportive supervision to Xpert sites were conducted in preparation for the activity. The activities have been carried over to APA4.
	4.1.6	(TB CARE) Review meetings during the DRS at provincial	WHO	40.748	 20%	Dec	2013	
	4.1.7	(TBCARE) Provide psychosocial support to MDR TB patients	The Union	4.566	 100%	Dec	2013	Recreation material were procured for the MDR ward in Harare infectious diseases hospital for patients requiring long term hospitalization.
	4.1.8	(TBCARE) Conduct advanced Clinical MDR Course	The Union	88.676	 100%	Aug	2013	The Advanced Clinical MDR course was conducted in August, 2013 for 30 clinicians (24 males and 6 females) mainly district clinical managers and technical personnel such as laboratory and pharmacy managers.
					 64%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	(PEPFAR) Further decentralize and TB/HIV integrated care services to 10 more urban sites	The Union	51.511	90%	Sep	2013	<p>Training on TB/HIV and follow up support visits were conducted. Training on computers for recording and reporting was conducted for health workers from all 23 sites. IEC materials were produced and distributed to all 23 clinics. As a result of these activities, together with supply of equipment, the following achievements have been realised:</p> <ul style="list-style-type: none"> - All the 23 ITHC clinics are screening patients for tuberculosis - 20 clinics are initiating patients on TB treatment - 20 clinics are initiating patients on ART - 22 clinics are practicing health facility DOT. - Clinic nurses have been trained on TB/HIV management, recording and reporting and use of computers at all the 23 clinics to facilitate provision of TB/HIV care. <p>Initial health facility assessments were conducted, and the results of assessments determined the nature of renovations required to improve inter-referral of patients between TB and HIV services and to improve infection control. Progress on renovations is described in inter infection control (technical area 3).</p>
	5.1.2	Conduct a 2-day on site training for 2 sites in preparation for IPT implementation (4 officers from national level (NAP, NTP, TB CARE) Print and distribute 100 materials (job aids for IPT, treatment algorithms, R & R materials)	The Union	2.374	100%	Dec	2013	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	(PEPFAR)Provide equipment and furniture for new integrated TB HIV care sites	The Union	299.500	100%	Aug	2013	<p>Furniture and equipment equipment (desks, chairs, audio visual equipment, mobile phones, water dispensers, desktop computers) were procured and distributed or installed at 9 of the 10 sites. At one site installation will be done in October 2013 when the local authority has completed implementing the suggested security concerns. Solar backup systems were fully installed and functioning at 4 sites in Kweke, Gweru, Mutare and Chitungwiza. Installations at the other sites is in progress. This support has come in very handy as electrical power supplies have become more unpredictable than before.</p>
	5.2.2	(PEPFAR)Improve intensified case finding among PLWH	The Union	3.164	100%	Aug	2013	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.3 Improved treatment of TB/HIV co-infection	5.3.1	(PEPFAR)Maintain centres of best practice for integrated TB HIV care	The Union	13.100	100%	Sep	2013	<p>Continued support as provided to the 3 initial pilot sites (Emakhandeni and Magwegwe in Bulawayo and Mabvuku in Harare) through the following:</p> <ul style="list-style-type: none"> . The 3 clinics were utilized by the program for training and attachment of staff for mentorship as new integrated centres were established. . Basic furniture and equipment were provided . Technical support visits by the Union consultant
					98%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery	6.2.1	(TB CARE) Province to district support supervision	The Union	126.575	66%	Sep	2013	<p>Each of the 5 provinces (the remaining 3 are supported by the Global Fund) was allocated three quarterly support and supervision visits to the districts amounting to a total allocation of 15 visits for the year. Nine out of the 15 planned visits have been conducted so far to a total of 18 districts. These support supervision visits have contributed to improved local use of TB and TB/HIV data, improved treatment outcomes and increased MDR TB case finding. The uncompleted activities are now planned for APA4.</p>
	6.2.2	(TB CARE) District to health facility support supervision	The Union	234.305	66%	Sep	2013	
	6.2.3	(TB CARE) Coordination and planning meetings with TB and TB/HIV implementing partners	WHO	25.425	100%	Nov	2012	<p>District support supervision of peripheral health facilities was funded jointly by TB CARE I and the Global Fund (37 and 48 districts respectively). Each of the 37 districts was allocated three quarterly support and supervision visits amounting to a total allocation of 111 planned visits for the year. Of this number 74 visits were conducted, reaching 433 health health facilities. These support supervision visits served as a post-training follow up of health workers at their work stations. The findings of the visits were discussed and followed up during district performance review meetings to resolve common challenges.</p>
	6.2.4	(TB CARE) Development of Global Fund application (Gap analysis)	WHO	18.266	50%	Sep	2013	
	6.2.5	(TB CARE) Validation of the programmatic and financial gap analysis for GF proposal	WHO	11.187	25%	Sep	2013	<p>A planning workshop to develop a composite plan incorporating activities supported by AIDS & TB Unit, GF, TB CARE I and other partners was conducted. The integrated plan printed and distributed to the provinces. This plan has facilitated partner coordination and minimized duplication of activities.</p>
	6.2.6	(TB CARE) GF proposal writing	WHO	41.177	0%	Sep	2013	
	6.2.7	(TB CARE) GF proposal writing	WHO	44.748	0%	Sep	2013	<p>Supported workshop for reprogramming of USD5.0 million availed to NTP under the GF Interim Funds. GF has approved the budget. Fund balance to support application for the main GF grant. Supported conduct of situation analysis, gap analysis and stakeholders meeting for the initial processes leading to the development of the Concept Note in the GF New Funding Mechanism. The activity is carried over to APA4</p>
	6.2.8	(PEPFAR) Facilitate access to information and communication services to integrated TB HIV care sites	The Union	105.492	100%	Sep	2013	

6.2.9	(TB CARE) Facilitate access to information and communication services	The Union	138.798	90%	Sep	2013	Internet services were set up at the provincial offices of the 3 newly supported provinces (the other 5 are already supported by TB CARE 1), and journal subscriptions for TB and HIV were supported. The services have improved communication between various levels as well as access to latest information on TB and TB/HIV programming. Communication with provinces has improved and this has facilitated timely submission of proposals and reports to national level. An outstanding activity is the attendance at the World Lung Conference in October 2013.
6.2.10	(TB CARE) Refresher TOT	The Union	51.506	100%	Sep	2013	Two trainer of trainers workshops were conducted targeting 57 tutors , 31 females and 26 males from pre-service health training institutions. This intervention is expected to improve the skills and knowledge of new graduates on TB and TB/HIV management upon graduation.
6.2.11	(TB CARE) District training on TB, TB/HIV, MDR-TB, RR	The Union	488.382	100%	Sep	2013	A total of 20 training workshops were conducted, with a focus on newly recruited doctors, nurses, EHTs and other health workers who lacked basic programmatic and TB management knowledge and skills at district and health facility level. A total of 600 health workers (259 Males and 341 Females) were trained on TB case finding, case management, infection control, DR TB and recording and reporting.
6.2.12	(PEPFAR) Develop training materials for the integrated TB/HIV care	The Union	19.811	90%	Sep	2013	A draft has been developed and awaits finalization.
6.2.13	(PEPFAR) Specific training in TB/HIV integrated care	The Union	79.886	100%	Sep	2013	A total of 245 health workers were trained specifically on TB/HIV (40 males and 205 females) focusing on the following: OI/ART management as well as the new OI/ART recording and reporting tools. As a result of the training the new OI/ART recording and reporting tools were being used at the 23 ITHC sites to capture the new PEPFAR indicators (TB CARE 1 also assisted in the production of OI/ART recording and reporting tools). The training are also expected to improve the skills and knowledge of health workers in the management of TB and HIV coinfection.
6.2.14	(TB CARE) Train provincial teams on effective support supervision	The Union	54.657	100%	Dec	2012	The activity involved background work, piloting, evaluation and finalisation of the Data Collection, Analysis and Utilisation Guidelines. This will be used as a guide for effective data-driven support supervision.
6.2.15	(TB CARE) Conduct The Union International TB course in Zimbabwe	The Union	137.408	100%	Jun	2013	This course was conducted for 25 participants (10 female and 5 male) - 18 medical officers, 1 Provincial TB Coordinator, 1 Assistant National TB programme Officer, 1 pharmacy manager, 2 laboratory scientists, and 2 nurse managers mainly from provinces, cities and districts. The course participants are expected to facilitate the prioritization of tuberculosis in the health agenda and to promote operational research at various levels of the national health delivery system. The course participants are serving as trainers in TB and TB/HIV training at their operational levels.
6.2.16	(TB CARE) Provide overall programme technical oversight	The Union	53.100	100%	Sep	2013	There was continuous support from The Union Scientific Director.
6.2.17	(TB CARE) Revision of the National Strategic plan	KNCV	31.183	50%	Sep	2013	The porocess commenced towards the close of the year three and continued into the 4th year.
6.2.18	Provide The Union Administrative and Financial	The Union	9.808	100%	Sep	2013	There was continuous support from The Union Project Administrator.
				74%			

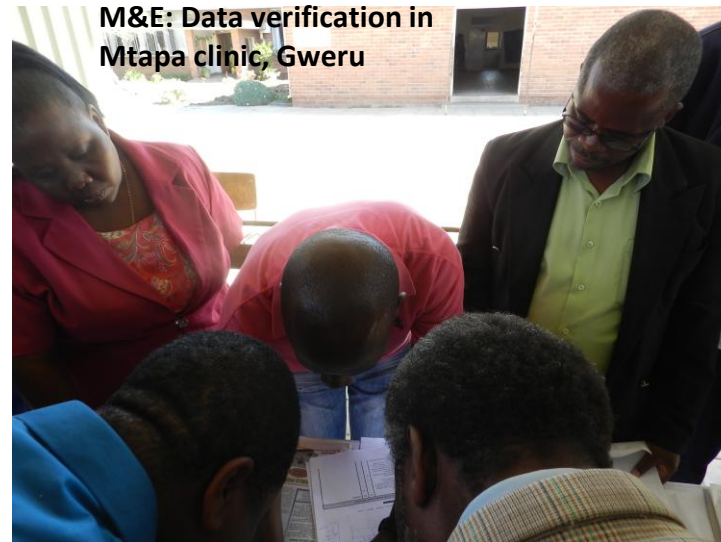
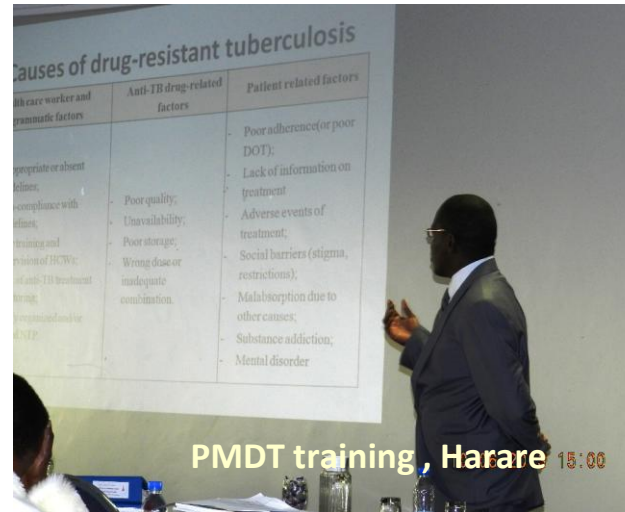
7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	(TB CARE) Install and maintain a secure TB data backup system at NTP HQ.	The Union	10.124	100%	June	2013	This activity has been partially modified to provide data back-up external drives for senior NTP officers. Central back-up will be provided by government through other support funding.
	7.1.2	(PEPFAR) Basic computer training for recording and reporting	The Union	7.836	100%	Dec	2013	A total of 24 health informtion officers were trained in basic computer management skills including data entry for the TB/HIV reports. By the nd of the reporting period the health information officers were in the process of providing IT technical support to the 23 Integrated TB/HIV sites. As a result of the training some facilities have started submitting their reports electronically by email; this greatly facilitates the reporting process.
	7.1.3	(TBCARE) Customization of an electronic TB register	WHO	49.430	50%	Sep	2013	An ETR framework and costed plan was developed and implementation has picked up pace. The next major steps include customization of the Kenya model, followed by piloting in 7 districts and one city.
	7.1.4	Piloting the ETR	WHO	48.827	25%	Nov	2013	Processes have been initiated for procuring IT and other materials for the activity.
	7.1.5	Rolling out ETR	WHO	134.470	25%	Feb	2014	Tjhe activity is carried over to APA4.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	(TBCARE) District performance review and planning meetings	The Union	421.525	100%	Sep	2013	A total of 37 districts in the 5 provinces conducted TB and TB/HIV programme performance review meetings.(The other districts were supported by GF) The major common recommendations of the meeting were to improve TB case finding through intensified suspect screening, utilisation of the sputum transport system, local data use and provision of more microscopy sites. The districts highlighted the need for further training in MDR management.
	7.2.2	(TBCARE) Provincial performance review and planning meetings	The Union	206.761	70%	Sep	2013	5 provinces were allocated 2 performance review meetings amounting to a total of 10 meetings. 7 out of 10 planned meetings were conducted . The major common recommendations from the reviews were related t strengthening case finding in susceptible and drug resistance tuberculosis, strengthening patient support and DOT, as well as strengthening management of TB/HIV co-infection.
	7.2.3	(TBCARE) National performance review meeting	The Union	67.464	100%	Aug	2013	The national TB review meeting was conducted in July 2013 and was attended by representatives of all provinces and cities and some partners. The main conclusion from the data presented is that there is general improvement in TB control and TB/HIV care indicators. It was however, also appreciated that more needs to be done to bridge the gap between the WHO estimated incidence of 600/100,000 and the notification rate of approximately 300/100,000, especially given the continuing decrease in the number of notifications in most provinces; to reach the 87% treatment success target from the current 82%; and to have all HIV positive TB patient on ART, against the current 60%. Broad recommendations included the following: . strengthening of TB diagnosis in line with the WHO recommended TB diagnostic procedures including new technologies . Improvig access to TB diagnosis . Improving quality of care in the management of TB/HIV coinfection . Hastening conduct of the TB prevalence survey and the DRS survey . Improved diagnosis and management of DR-TB . Speeding up the revised TB recording and reporting tools in line with the WHO 2013 TB definitions as well as the development of local capacities to utilise TB/HIV data . Strengthening and promotion of operations research . NTP to introduce an electronic recording and reporting system linked to HIV program electronic patient monitoring system (ePMS) and district health information system (DHIS).
	7.2.4	(TBCARE) Support district TB Coordinators quarterly meetings	The Union	58.314	10%	Oct	2014	The objectives of the meetings were create a platform for indepth discussions of local data and to facilitate decision making to resolve challenges at provincial level before submission of data to national level. Only two of the planned 30 meetings were conducted. Implementation was delayed by internal management challenges which were resolved late. Further provision has been made in APA4.
	7.2.5	(TB CARE) Support NTP data analysis meetings at national level	The Union	1.519	70%	Nov	2013	One out of two planned meetings was conducted. The findings were used to identify provinces that require support in programme management and recording and reporting. NTP prepared and disseminated feed back reports after analysis of routine surveillance data submitted by lower level structures i.e. provinces and districts. The feedback was in the form of comparative performance by districts and provinces , and also comparing performance against national targets. By the end of reporting NTP was in the process of compiling feedback for the second half of APA 3.
	7.2.6	(TBCARE/PEPFAR) Conduct TB CARE/PEPFAR implementation progress and performance	The Union	70.495	10%	Oct	2013	The meeting was postponed more than once due to other competing activities. This meeting has been moved to APA 4 is planned for the third week of October.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operations research	7.3.1	(TBCARE) Fund operations research	The Union	37.965	30%	Sep	2013	Two studies from the previous year were conducted during this quarter: - A treatment delay study showed a patient delay of 28 days and a provider delay of 2 days. - A quality of care study, using the Quote TB light tool was commenced in September 2013 and is still in progress. Completion is expected in quarter one, APA4.
	7.3.2	(TB CARE) Support National Research day	The Union	6.302	Cancelled	Aug	2013	Due to the limited number of successfully completed research studies, this activity was cancelled in APA3
	7.3.3	Support data verification (audit) exercise	The Union	18.800	100%	Apr	2013	Data quality audits were conducted in 4 districts. The data verification exercises focused on internal consistency, timeliness, completeness, accuracy at health facility, district and national level. There were no major data quality issues identified ie: - The data were recorded and reported using the standardised NTP tools as recommend - The variance between what was reported and what was recorded did not exceed 30% in any of the indicators that were selected for verification.
					61%			

Total Approved Staffing & Operations Budget	1.181.185
Grand Total Approved Project Budget	6.852.320

6. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Summary Mission Report submitted to CD & PMU (Yes/No)	Additional Remarks (Optional)
1	The Union	6.2.12	R. Dlodlo	Review of TB-HIV section of national training guidelines	December 2012	In progress			Has had several meetings with NTP. Currently working on the document.
2	FHI 360	3.2.3	Stella Kirkendale	Community infection control TOT	February 2013	Completed	Feb, 2013	yes	Currently working on the
3	The Union	6.2.18	Monicah Andefa	Financial and Administrative support	October, 2012 April, 2013	Partially completed - 1 more visit due	Oct, 2013	yes	
4	The Union	6.2.15	Hans Rieder	Facilitating international TB course	June, 2013	Completed	June,2013	yes	
5	The Union	6.2.16	Paula Fujiwara	Technical support	July, 2013	Pending		not yet	Visit expected early in Q1 of APA4.
6	KNCV	1.2.5	Netty Kamp	TB Community Care Guidelines development	July, 2013	Completed	Sept,2013	yes	
7	The Union	4.1.8	Ignacio Monedero	Facilitating clinical MDR course	August, 2013	Completed	Aug,2013	yes	
8	The Union	4.1.8	Anna Scardigli	Facilitating clinical MDR course	August, 2013	Completed	Aug,2013	yes	
9	KNCV	6.2.17	Amos Kutwa	Revision of national TB strategic plan	TBA	Completed		yes	Visited 29 Sept - 12 Oct2013. NSP Core plan should expected by end of November 2013
10	KNCV	4.1.2	Jerod N. Scholten	Technical support for DRS	TBA	Pending			Next mission planed for 2nd week of November
Total number of visits conducted (cumulative for fiscal year)						7			
Total number of visits planned in workplan						10			
Percent of planned international consultant visits conducted						70%			

Quarterly Photos (as well as tables, charts and other relevant materials)





**Newly completed renovations at
Dangamvura clinic, Mutare city**



**Newly completed TB patient
shelter at Mbizo 11, Kwekwe
city**

Quarterly Report on Global Fund Engagement

Country	Zimbabwe	Period	July-September 2013
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Current Global Fund TB Grants				
Name (i.e. Round 10 TB)	Previous rating	Current rating	Total approved amount	Total disbursed to date
Round 8 phase 2	A2	A2	\$62.6 m.	\$58.4 m.

In-country Global Fund status - key updates, challenges and bottlenecks

The current Zimbabwe Global Fund TB grant is ZIM-809-G12-T Round 8 phase 2, titled "Towards universal access: Improving accessibility to high quality DOTS in Zimbabwe", totalling US\$62.6 million. The coming year budget is US\$ 7,723,350 distributed as follows: Universal and early Access - 0.6%; Laboratory - 9%; Infection Control – 0.4; PMDT – 21%; TB/HIV – 7%; Health Systems Strengthening – 23%; M &E - 19; Drug Supply and management -21%. In addition the TB programme has been awarded a US\$5 million grant through the Global Fund Interim Application Proposal of the New Funding Mechanism.

The program continues to perform well, scoring 'A2' in the last three quarters.

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work

TB CARE I is assisting in country Global Fund support through funding and provision of technical support in 7 technical areas. TB CARE I is also supporting Global Fund in the funding proposal preparation processes. The TB CARE I country director serves on the CCM TB subcommittee. Some activities are supported by both Global Fund and TB CARE, for example in support supervision, with TB CARE I was supporting 38 districts in the Southern region of the country while Global Fund supports 48 districts. Both the Global Fund and TB CARE I support different TB and TB/HIV interventions in the main urban areas. Overlap and duplication has been reduced by the introduction of a joint implementation plan.